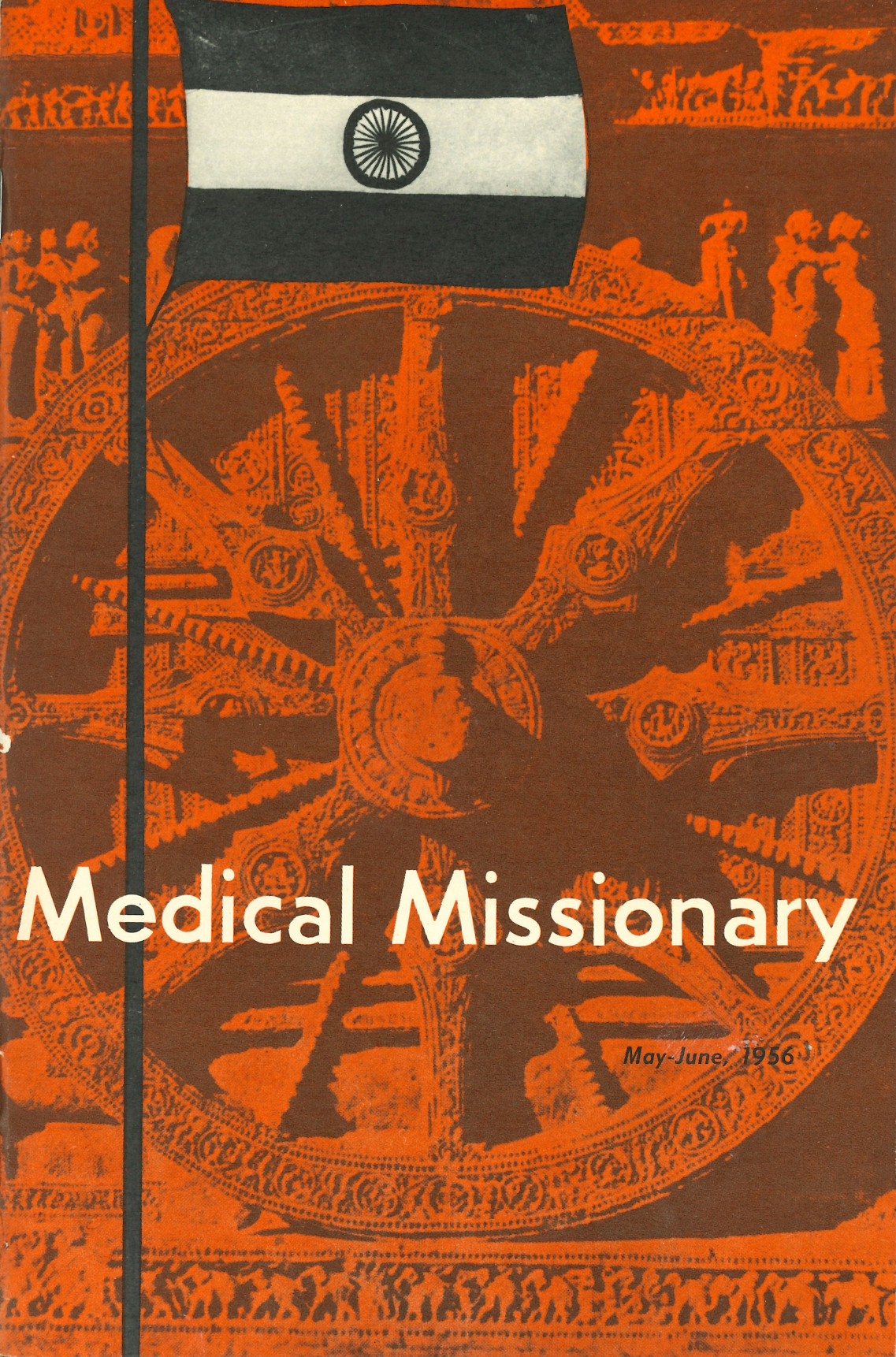

Medical Missionary

May-June, 1956

THE Medical Missionary

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featuring — THE NEW INDIA

COVER: Background — Carved wheel, Black Pagoda, Konarak, India. Foreground — India's national flag. The wheel represents the "Wheel of the law" or of "rebirth" — symbolic of Indian culture.

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Editorial

the NEW India

THIS issue of the Medical Missionary is concerned with the New India, its progress and problems, and our Holy Family Hospital situated in New Delhi, its capital city.

The New India is a land of villages — 80% of her 360,000,000 people live in villages — three-fourths work on the land. No wonder India's two Five-Year Plans have concentrated on the uplift of the villages.

To understand the New India, one must understand Mr. Nehru, its leader and spokesman, and his untiring, devoted efforts to help the villages. In a recent issue of COMMONWEAL magazine, Father Jerome D'Souza, S.J. of the Indian Social Institute gave us a concise and revealing picture of the Prime Minister. He says:

"The outstanding fruit of his sympathy is his passionate love of the masses of India, once politically subject, and still very poor. Nehru 'discovered' this India of the peasant and the worker in adolescence after his upbringing in a rich family and a long spell of education in England, Harrow and Cambridge. When he returned to India he came under the spell of Mahatma Gandhi and consecrated all his time and energies to the task of Indian freedom. For him, and for Gandhi, freedom was not for the sake of power and the development of national pride but for the happiness of the masses, for the struggle against poverty, ignorance, and disease. Rather too sweepingly he attributed all these ills to foreign domination and foreign exploitation. But from the very beginning, free-

Crowds parade behind the drummer, beating out the news that the "Village First Aid Men" have arrived.

dom and social justice, political liberty and some degree of economic well-being, have been indissolubly linked in his mind. All the paradoxes of his future action and speech arise from this double passion, the passion for liberty and the passion for social justice—for equality in the measure that it can be attained."

Hinduism is the chief religion of India. It teaches re-incarnation, transmigration of souls, and is bound in the steel frame of caste customs. The soul is punished or rewarded on this earth according to one's *karma*. If a person is poor or sick, he deserves it in punishment for some deed done in a former life, with the result that a great apathy developed towards the social welfare of other human beings, especially the lower castes and outcastes. It was the Christian missionaries from the West who came seeking the sick, the poor, the halt and the blind, no matter what class or what creed.

India's leaders are aware of the need for a social revolution. "The industrial revolution is coming rapidly to India and changing us in many ways. It is an inevitable consequence of political and economic change, that there should be social changes also, if we are to remain as integrated human beings and an integrated nation. We cannot have political change and industrial progress and imagine that we can continue unchanged in the social sphere. The stresses and strains will be too great and, if we do not resolve them, we shall crack up." (NEHRU—*New York Times, March 11, 1956*)

Signs of new life are visible. College girls help in building a dam near the Brahmaputra River.

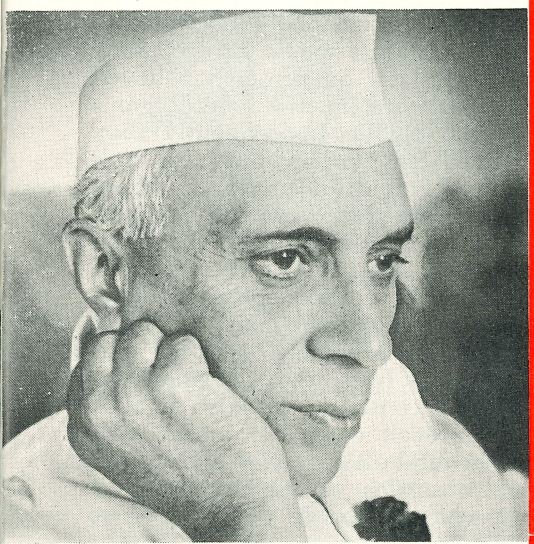
The 1st Five-Year Plan launched by India in 1951 included what is undoubtedly the greatest democratic rural revolution of our times. It aimed at reaching 100,000 villages with 70,000,000 people. This spring, India moved toward the goal of her 2nd Five-Year Plan bringing this "quiet" revolution to 500,000 villages. It is a revolution in which the field captains are young men called Gram Sevaks. The philosophy behind this program is that unless the thick crust of ignorance, hunger and disease can be lifted from the villages of India there can be no better day in the country.

Into the villages they go, these village level workers, not for a visit, or demonstration but to live as the villagers live. They are "first aid" men, trained in the essentials of agriculture, public health, village industries, sanitation, building of schools, animal husbandry. The government contributes part of the money for the projects but the people contribute a good deal in cash, labor or land. New India is helping herself to become "newer" still.

Sr. M. Angelica

NEW INDIA AND AGE-OLD CHRISTIANITY

John A. Lukacs, Ph. D.



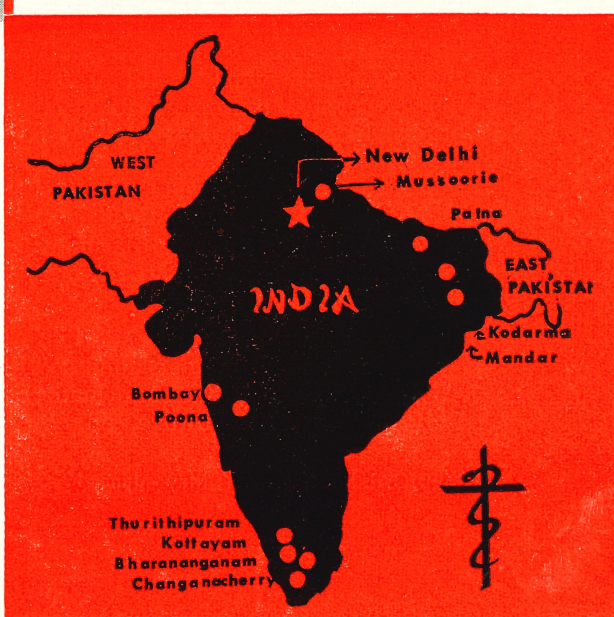
Jawaharlal Nehru,
Prime Minister of India,
since her independence in 1947.

"Modern India does not live under the laws of Manu. Its mental background and equipment, though largely influenced by the persistence of Indian tradition, have been molded into their present shape by over a hundred years of western education extending to practically every field of mental activity. Its social ideals are not what Hindu society had for long cherished, but those assimilated from the West and derived predominantly from teachings of western social thinkers."

Sardar Pannikkar, EXAMINER, Jan. 7, 1956

IT is only lately that Americans became preoccupied with the "Indian situation", for while our interests in China and in Japan date back to colonial times, the British had conquered India by then, and our sympathies were indirect, and remote. Now, suddenly, since 1947 when Britain relinquished her rule over India, we are faced with the "Indian problem" represented daily by our newspapers, and radio. There is the question whether Nehru will go East or West, whether India will remain "neutral" or whether she will gradually succumb to Communist influences; there is the acute problem of eventual war between India and Pakistan. It may be suggested at this point that the "Indian problem" is as old as the history of Christendom itself. A consideration of this historic view will certainly not solve our anxieties; it may nevertheless, moderate them.

Up to this day the tremendous, rambling, and disorderly archives of the entire Spanish colonial empire are situated in Seville under



the romantic name: *Archive of the Indies*. We all know how Columbus thought to find Japan, China, and India by sailing westward; and "the West Indies" and "American Indians" were those romantic misnomers that we inherit from his successful misdiscoveries. He had not yet set foot on the American mainland when a Portuguese ship under the stubborn Vasco da Gama anchored under an incredibly blue sky in front of the harbor of the Indian town of Calicut, and with that the modern discovery of the *real* India had begun; but it was a *modern* discovery only, for, unlike China and Japan, India was well-known to the antique world. The armies of Alexander the Great swept within its confines at a time when such European countries as present Germany or England were largely barren, cold, uninhabited fields. He brushed against a high and impressive culture there. Cleopatra's latter-day Egyptians and the Romans knew India well. Plutarch records how some Romans were actually shipped away to Ethiopia to go from there into exile in India; around the first century B.C. Indian motifs and religious objects begin to appear in certain Roman and Egyptian households. But, after Rome fell, the Western world and India moved away, unknown to each other, like two separate planets within separate orbits; and when the discoveries finally broke through, the decisive impact was made by Christianity, by the many martyrs that followed St. Francis Xavier's noble wake.

The vexing question is this: Should Christianity have done so? For, unlike many mission lands, India had a high culture, an established religion, a curious but nevertheless impressive code of morality, a profound tradition of self-sacrifice. Is it not, one may ask, presumptuous that, after the sailors and the guns, babbling foreign missionaries should appear and with the alternate use of honey and stick, with compromise and threats should work on the Indians to adopt the New, the White Man's Religion? It is, at first sight, an impressive argument. But its impression fades if one considers how these Christians arrived there with no pretensions of privilege at all; if lands like India were to be "the White man's burden" they took up the burden and believed not a word in the white man's special rights. Consequently they gained martyrdom but also millions of faithful converts, whom not even the wave of Mohammedan conquest that broke upon India in the 17th century could eradicate; consequently today, when the white man's political privileges are gone, and his empire dissolved, the Christian influence continues to exist. It does not prevail easily. It meets with very difficult material and spiritual obstacles, at the bottom of all of which probably the bitter root of suspicion vegetates. Yet it will endure.

We should consider that India is very large, and that it is not quite proper to think of her as typically Asiatic, for India is a large subcontinent in itself. She stretches deep into the Indian Ocean, and part of her races come from the Dravidian stock, which originally is thought to have inhabited the islands between Oceania and Africa, and came to the Asian mainland only later. Moreover, except on two sides where now West and

East Pakistan lie, India is separated from the Soviet Empire by the largest mountain-chain in the world, by the Himalayas. It is thus reasonable to argue that while it is peculiar, to say the least, to speculate on the neutrality of a country such as Greece, for instance, the "neutrality" of India has some political and strategic basis at least. Moreover, India is proud of her own culture; and the strong Hindu belief in the immortality of the soul—a belief that is at times, the cause of certain cruel religious practices, such as caste and untouchability — leads Indians towards that sort of passive, and contemplative independence which was best illustrated in the life of their great Gandhi. This inner pacifism is, however, far from being Stoic; it is interrupted by rapid, violent outbursts of passion; and perhaps this is why, with all the inaccuracy that such generalizations permit, the Indians were often called the Spaniards of the Orient, when the Chinese were the French, and the Japanese the Prussians. Certainly few people, facing and living with each other for two hundred or more years, were more different than Indians and British. And yet somehow they got along; the British built many of the civil and material foundations on which the present government of independent India rests; and their indirect influence persists, perhaps most of all through the circumstance that most educated Indians in the pres-

"India still endures, but her civilization has declined. The ancient culture has been covered with a heap of dust which the long ages have accumulated . . . We must sweep away the dirt and poverty and misery from our country. We must also clean up insofar as we can the cobwebs from the minds of so many people, which prevent them from thinking and cooperating in the great work before us. The most horrible of all are those that grow up in the mind, which prevent one from discarding an evil tradition because it is old and from accepting a new thought because it is novel." — Jawaharlal Nehru.

Superb specimens of sculpture are found in the famous Elephanta caves.

ent government had gone through English schools or some other forms of English education. But, like in Tsarist Russia, the Indian literate class, the present merchants, the cultural elite and the government are but a tiny series of foamy specks on the vast, dark green body of water, a veritable ocean that forms Indian society. Not only racially, but linguistically and, most of all, historically, India is a mosaic of hundreds of provinces, and of former princely enclaves. Not only the distances but the differences in tradition are enormous. It is still a question whether a modern, organized State in "New India" will prevail. It is doubtful that India will succumb to another colonial Power, whether white or yellow; and it is questionable whether she will, in the foreseeable future, abandon her deep feeling of inferiority and insecurity which at the present is manifest in a sort of truculent nationalism. But it is neither doubtful nor questionable that the spiritual evolution of India is far from its end. Could it be that, the unreasonable extent of passion that Indians now show in front of the last, tiny speck of European-held Goa, perhaps indicates how they feel, deep down, that the Christian impact may, sooner or later, grow tremendous over the skies of a nation that seems badly rent between the passions of ancestral nationalism and the desires for European modernity? Then it will not be a figure of speech but the very truth itself that the Christian flecks within India, the gentle marks of isolated Christian men and women dedicated to *serving God, their fellowman and country* have proved the true leaven within that great, irregular loaf that India forms on the face of this earth.

Dr. John A. Lukacs, the author of the above article, has a doctorate in history from Cambridge University and also one from the University of Budapest. Dr. Lukacs is the author of two books on European history and at present is Assoc. Professor of History at Chestnut Hill College, Phila., Pa.

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"To the Greater Glory of God, and the Cause of Suffering Humanity."

Dr. Radhakrishman, Vice Pres. of India, presided at the Dedication Stone Ceremony of Holy Family Hospital, New Delhi.

Mrs. Vijaya Lakshmi Pandit planting a tree at Holy Family Hospital, New Delhi, India.

A Hospital is Born

Sr. M. Richard, S. C. M. M.

HOSPITALS are at the heart of our apostolate. To bring the benefits of modern medicine to the missions, to give complete and effective care to the patient, to teach the "Christian way" of serving suffering humanity, we have need of hospitals.

From the first days of the Society to the present ones, great efforts have been expended to build Catholic mission hospitals and Medical Mission Sisters have considered it a part of their apostolate to leave the bedside of the sick and stand beneath Eastern suns, supervising the making of bricks, directing laborers, advising electricians, checking plumbers, begging, battling red tape, figuring, counting, planning and praying . . . devoting all their energies towards the erection of hospitals.

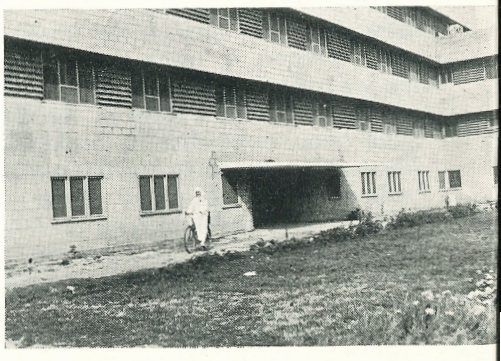
Of the ten hospitals now staffed by the Medical Mission Sisters in

the Indian sub-continent, most of these have been totally or partially built under the solicitous guidance of a Sister-builder. A house in the missions that is meant to hold the happiness of regained health and new life together with the sorrows of suffering and death must be built with more than bricks and mortar. The work of many hands, hard mental labor, anxieties and courage, and patience and perseverance go into the making of every mission hospital. Holy Family Hospital in New Delhi is an illustration.

In 1952, an entire village consisting of approximately 50 families was transported to the site of construction of the future Holy Family Hospital, seven miles from the center of the capital city. Huts were hastily constructed on the property and Indian family life was in full swing as the men and women took up the task of erecting a five-story building. Ox carts delivered cement and steel supplies during the night so that the slow bullocks would not interfere with Delhi's daytime traffic. Foundations were dug. Men hoisted steel beams, women carried bricks eight at a time on their heads, young boys brought water in goat skins to wherever it was needed, and holes were dug in the future hallways of the hospital to provide places for mixing cement. Wagon loads of bamboo poles and coir rope were transformed into scaffolding. Cement blocks were molded and left to harden in pools of water and slowly, materials manufactured on the spot were put into place and the mounds of bricks and hollow cement blocks began to take the shape of a building. A mission hospital was being born.

From sun up to sun down, men and women were occupied in their work and in the evening they sang and slept on their string beds in the shadow of the building they were erecting. From time to time snake charmers, Hindu sadhus and venders who sold sweets and pieces of sugar cane visited our hospital builders. There were weddings and births and deaths among our construction families during the building operation. At one period the population of our workers was 300 strong and at another juncture, all had to be dismissed until the Sisters raised enough money to continue the work.

For almost a year, two Sisters devoted their time and energy to



the task of trying to raise funds. They visited government officials, and men who owned industries. They went to the bazaars to beg among the poor. They conducted city-wide flag days, distributed banks, sent letters of appeal, sponsored bridge parties and dances and inaugurated public functions in the yard of the unfinished hospital. The Sisters used every means they could think of to gain support for the hospital.

When construction was resumed the pioneer staff of Medical Mission Sisters moved into quarters on the second floor of the hospital, the only three finished rooms in the building. Living on site, the better to supervise the completion of construction, their days were filled with consultations with electricians, sanitary engineers and construction company managers. Where to place power plugs, where to buy locks, how to make doors termite proof, what paint to use, how to find proper electrical fixtures, water, sanitation, electricity . . . the securing of these items were problems to be solved. A year's worth of visits to officials were made to obtain sanction for electricity, to get permission for pipe connections for a water supply and to settle land

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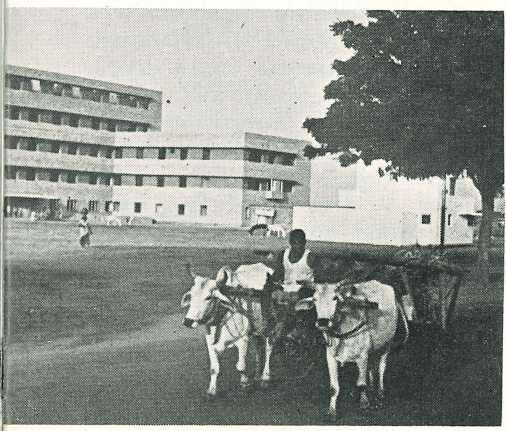


Bamboo scaffolding (to the left) is taken down as the building is completed.

Coolie women carried bricks, eight at a time, on their heads, up the bamboo ladders.

Front entrance of the finished Holy Family Hospital. The official opening takes place in June.

Medicine at the Crossroads

PEOPLE have often asked us in the past year, "Why build a hospital in New Delhi?" Our answer is, that the important determining factor in the selection of a location for a new medical mission hospital, is the medical needs of the area, and then, of course, the amount of good that can be accomplished. "But aren't the medical needs greater in the places like Mandar, where you were stationed for the last nine years, or in the mountain villages of the Himalayas? Why build a hospital in a leading cosmopolitan city? Why send much needed Sisters to a place that does have quite a number of highly trained professional people? Why open a Catholic hospital in a district that has relatively few Catholics?"

The Capital City of India is no exception to the nation-wide need for medical care. Much headway has been made in the control of malaria, cholera, dysentery, and tuberculosis. Technical assistance programs and public health experts are constructing and conducting model experimental medical centers in the Delhi area. Yet, disease is far from being defeated.

Originally Delhi was planned as a winter capital. For five months of the year, the city had to cater to the needs of about 500,000 people. Today, we have a completely opposite picture. Delhi's population is almost three times what it was. But, medical facilities are strained to the utmost not having increased sufficiently to meet the needs of the growing all-year population. Many of the citizens of the Capital City, middle class, as well as poor, actually live in fear of becoming ill and having no place to go. Hundreds are turned away daily, from the existing hospitals because there is no room. According to statistics, only one person in 1,000 has any assurance of a bed in a hospital. In the U. S. there is about one hospital bed for every 162 persons.

Even before the hospital was finished and opened, crowds were already flocking to our doors. There were children and adults with painful, inflamed eyes — plastered shut with a heavy purulent discharge; skin diseases of every sort — deep ulcerating sores in every and any part of the anatomy. And with the Delhi dust storms at this time of the year many of these conditions are greatly exaggerated. Among the poor, dirt is a forerunner of another disease -- tetanus — the dread of the obstetrician.

Children in Delhi are like children everywhere. They succumb to smallpox, whooping cough, measles, mumps, chickenpox -- except that here, whole villages become infected with any of these diseases and many fatalities occur.

Despite all I was taught in medical school about there being no rheumatic fever in India, here one sees many cases: early ones in young children with the typical joint pains, nose bleeds, low fever

of the East

Sr. M. Barbara, M. D.

and the first heart changes giving the dreaded heart "murmur"; and then the more advanced patients — young mothers especially, complaining of palpitation and rapid pulse, and who are very distressed during pregnancy — their feet, legs and abdomen badly swollen and their breathing almost impossible because of their overburdened hearts and congested lungs. These present a real problem requiring long hospitalization and very careful management.

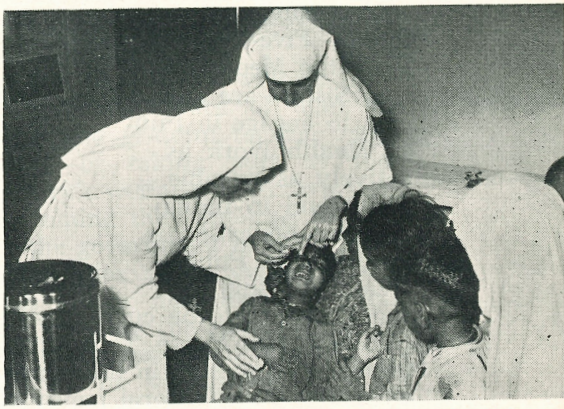
A striking thing to me about Delhi is the absence, or at least, marked decrease in the number of peptic ulcers. In Mandar every second patient seen in the outpatient department had a peptic ulcer.

Kidney stones and gall stones make up many of the surgical cases encountered daily. The dietary differences in this part of the country may account for some of these diseases — also for the great amount of hypertension and diabetes.

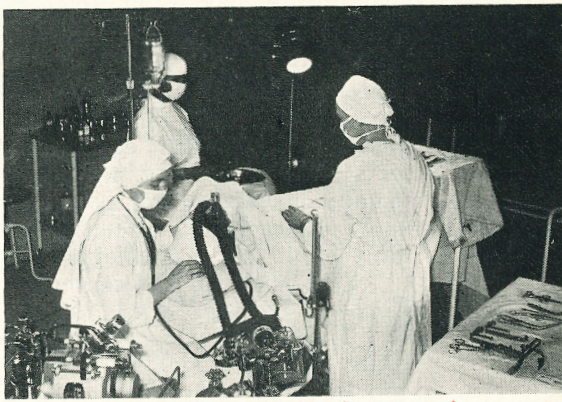
One sees so much poverty and sickness together. I remember Nawab especially. Nawab was very tall and had been coming to the dispensary to have some bad ulcers dressed. When they didn't heal we admitted him to the hospital. We diagnosed his case as a form of Kala azar peculiar to the Delhi area. He was just skin and bones. When he was discharged he was told to come back to the hospital twice a week for treat-

(*Continued on Page 93*)

New Delhi. Patients line up in the dispensary early in the morning. Pharmacy window (left).



Sr. M. Barbara, M. D., cleanses a painful inflamed eye. Sr. M. Charles, R. N., assists her.



O. R., New Delhi. Sr. M. Caroline gives the anesthesia. Sr. M. Barbara, M. D., ready to operate.

Stepping Ahead

Sr. M. Clare, M. S., H. A.

India needs nurses. Some rural aspects of the problem. Hindu widows are given the opportunity to be nurses.

IN choosing a site for a hospital, one is often tempted to take the spot which is most easily accessible to the most people. However, in accord with India's plan to help her 300 millions who live in rural areas, Mother Dengel chose a semi-rural site for Holy Family Hospital, New Delhi.

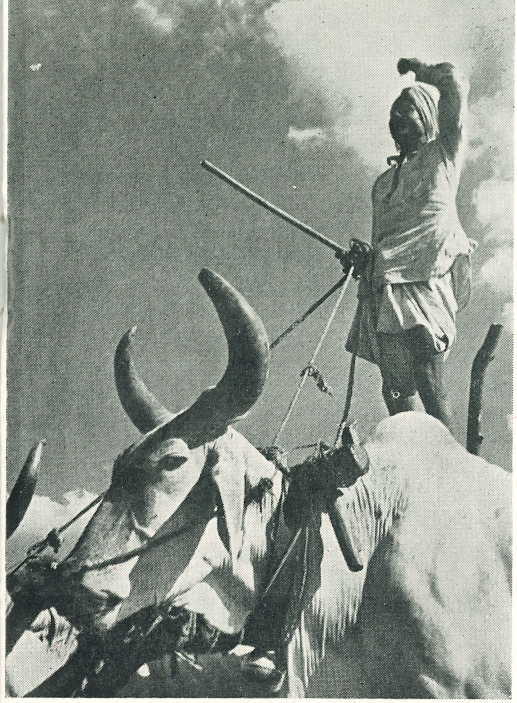
The hospital is situated about 7 miles from the center of the city but within bus limits. It faces south on a most relaxing scene of farms and lowlands. From the hospital roof, an expansive view is offered with *New* Delhi spreading over the Northwest and *old* Delhi sprawled out nearly due North. Scattered throughout the area to the south west are numerous small villages — all of a rural culture. Each family has a small little home, and many have a buffalo or more.

In accordance with India's Five-Year Plan, the Medical Mission Sisters are anxious to engage in Public Health Work as actively as possible. The trend in Indian Nursing Education is to integrate Public Health Nursing so thoroughly into the curriculum that every graduate will be a qualified Public Health Nurse. To do this, one has to provide field work, i.e., experience of nursing in the homes, or as they call it, domiciliary experience. Besides a general family service, most Indian nurses have an additional year of training in Midwifery, and learn thus to adapt to needs and situations in the home.

In order to make the training program for our student nurses more effective, the Holy Family Hospital, New Delhi, has joined hands with a neighboring college known as the Jamia Milia University in carrying out the OKHLA WELFARE PROJECT. This consists of five village centers, each of which is provided with a trained teacher and a trained nurse-midwife. As most of this village population was illiterate in the past, classes in adult education are conducted for mothers, where subjects such as reading, writing and handicrafts are taught. The women usually manage to get away from the farms for an hour or two in the early afternoon to attend the classes. The nurse midwife conducts a daily clinic and is available for maternity service when requested.

Just about in the center of these five projects stands Holy Family Hospital. In other words the hospital functions as a Public Health center. There is a constant exchange of nurses leaving the hospital and going to the villages near by and of patients leaving these villages and coming to the hospital.

But something new has been added to the Health Education Program. At the request of the government a new experiment is being tried



Back from the fields
as the rain clouds gather.
India is a nation of villages.

Student nurse and student doctor visit a patient. Sr. M. F. Xavier is our first Indian Sister medical student.

at Holy Family Hospital in the educating of health workers for the other rural areas of India. The new group is called "Auxiliary Nurse Midwives." January 18th brought a group of six for the first class in the new hospital — and the first class in the Capital City too. Hindu widows are the candidates for this course — thus solving the government's problem for helping them in their needs. According to their law, they cannot marry again and thus become a social burden. For this course, the government provides the hospital with equipment and board for the students.

The young Hindu widows (some of them 26 years of age) are eager and grateful for the opportunity of taking part in their country's welfare. After two years of training they promise to work for the government of India in the villages for three years. There, with proper midwifery technique and knowing the necessity of hygiene, they can be of valuable assistance in saving the lives of mothers and babies. Since they are mature women and unsophisticated they should be able to adjust to the problems of village life more easily than a young graduate nurse.

The experiment to date augurs success. That this group is necessary to help swell the numbers of health workers needed for villages, there can be no doubt. However, the four-year course of Nurse-Midwifery with a Grade A standing is also of the utmost importance in a modern vari-functional hospital. This latter course was started on March 15th of this year. The educational program of Holy Family Hospital is on its feet and has a world of adventure and good in store for the future.

INDIA'S 4th of July

Sr. M. Charles, R. N.

INDIA celebrated the 6th anniversary of the foundation of the Republic on January 26th, this year, with flag salutations, magnificent pageantry and spontaneous jubilation. Throughout the country there were parades, rallies and processions, emphasizing the national significance of the occasion.

Here in the Capital City, the big parade took place amidst great popular enthusiasm. There was an air of freedom and much rejoicing all over.

Shortly after 9 A.M. the President's Guard arrived — a beautiful red uniformed contingent on horseback, all holding flags. Next, the State carriage drawn by six horses transported President Rajendra Prasad to the reviewing stand. A 21-gun salute was fired, the national anthem *"Jana Gana Mana,"* was played and the parade began. Army, Navy, and Air Force troops and equipment led the way — making an impressive showing.

Elephants fantastically and highly decorated led the pageant-floats of dancers and life, in all the States of India. This was most interesting because the costumes of each State are so different. There were camel-borne corps, too, adding splendor and color to the occasion.

This year the theme was India's expansion and growth under the Five-Year Plan. Many floats, pulled by new tractors, depicted industrial progress, water development and cultural patterns.

We had been warned to come

early or we wouldn't be able to get through the traffic. We made good time until we hit the crowd and then what a time we had! On a road wide enough for two cars were four lanes of traffic going the same way and a fifth lane was trying to charge through on the far side. There were cars, trucks filled with people, busses, bicycles, motorcycles, and motorcycle rickshaws carrying six or eight people, and some were stuck in the mud along the sides of the road. There were carts pulled by horses and bullocks and a whole line of armored trucks and soldiers. Downtown, the streets are spacious and wide, but all that was visible was a sea of heads. I have never seen anything like it before.

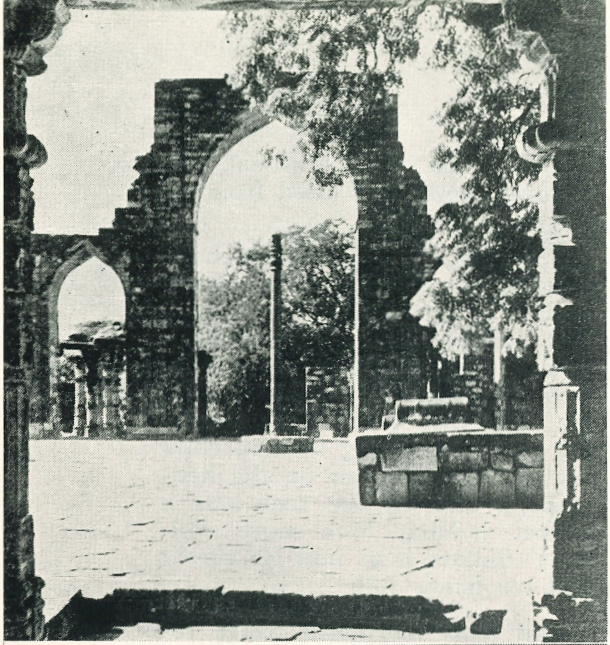
After the parade, the parks downtown became picnic grounds and everyone sat down to eat. The children were dead tired from all the excitement.

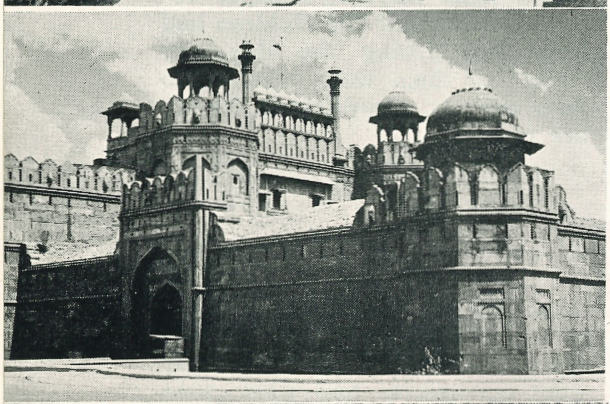
For one horse, it must have been too much, for I saw a man pulling a cart with a horse inside that looked quite dead. Another strange sight was a man riding a bicycle balancing a string bed on his head. Still a third, a man riding a bike, carrying a small child in his arms, another on the handlebars, and on the rear was a basket holding four more children' Believe it or not! He surely had nis hands full.

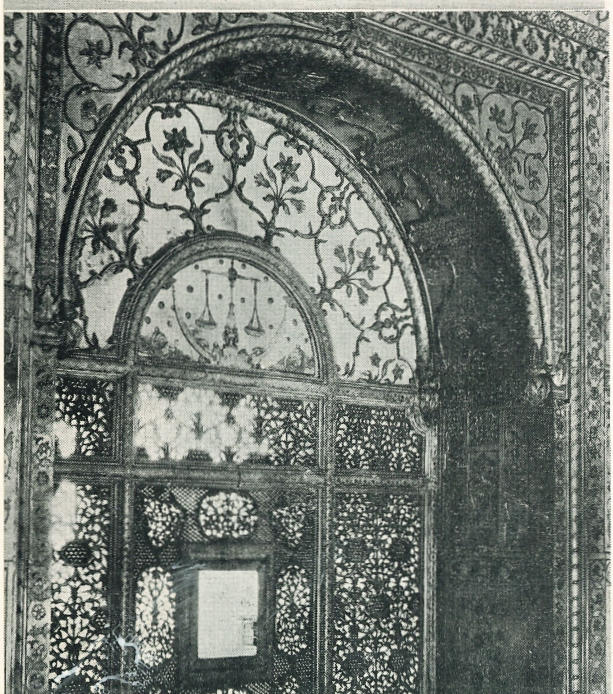
The next morning's paper reported that about 200 children had been lost during the day and "most" of them were restored to their parents, according to the police reports.

An enchanting dance was performed by the women of Rajasthan in connection with the Republic Day festivities.

Indrani Rahman shown in a Bharatnatyam pose, one of the oldest forms of Indian dancing.







DELHI
7 times

Lying on the right bank of the Jumna world. Seven conquerors have chosen t two of which lie in ruins. It has seen m and fall of empires, the growth and dec Hindu, Pathan, Moghul or British, all

There are several Delhi's of the past: th by Prithvi Raj; the capital of Kutbuddi bad, the city built by the Moghul Emper

(Pictures —

1. THE IRON PILLAR in Delhi bears year A. D. 300. It is a solid mass of mall ally by Chandragupta II (Hindu) in M by a Prince Pala who re-founded the city

2. THE RED FORT, DELHI, built dur Moghul Emperor Shah Jahan. The most Am (Hall of Public Audience).

3. DIWAN-I-KHAS, another section of ated with inlay work or floral patterns

4. JAMA MASJID, Delhi's great mosque, said to be one of the largest in the world was also built by Shah Jahan.

5. CONNAUGHT PLACE, the central shopping center of New Delhi, which with its symmetrical buildings, broad tree-lined avenues, and spacious parks is a modern planned city.

a Capital

ver, Delhi is one of the oldest cities in the build seven capitals upon this spot, all but uch of the cavalcade of history — the rise y of civilization. But whether the ruler was ecognized Delhi's strategic position.

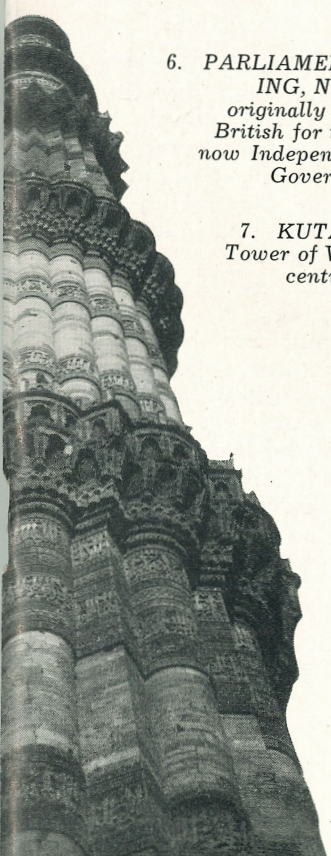
fortress town of Anand Pal; the city built ; Siri, the city of Ala-u-din; Shahjahana- Shah Jahan.

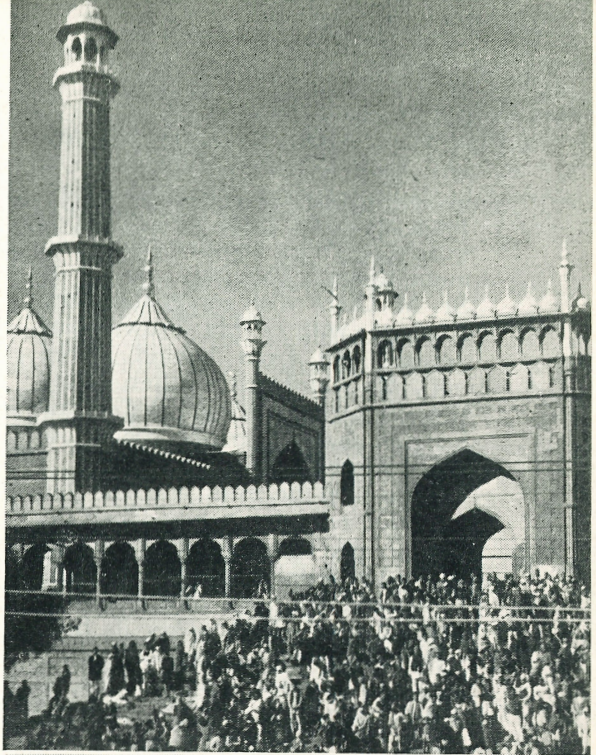
top to bottom)

a Sanskrit inscription dating back to the able iron weighing six tons. Set up origin- hura, it was moved to Delhi in 1050 A. D. where it now stands.

g 1638-48, was the imperial palace of the amous section of the palace is the Diwan-i

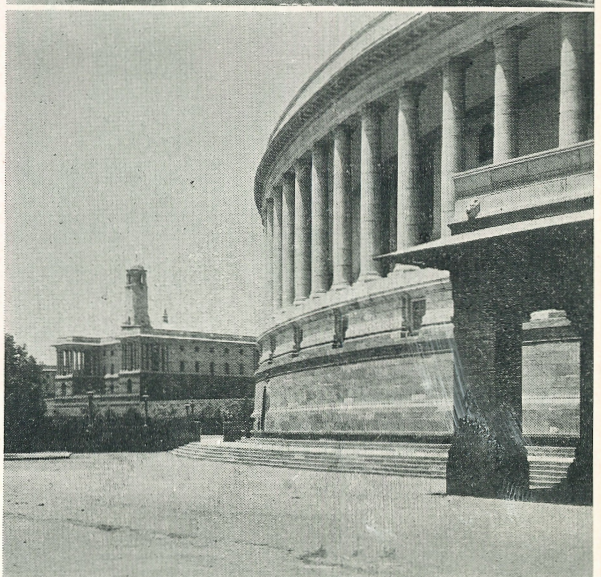
he Red Fort — A beautiful alcove, decor- and exquisitely done marble screens.





6. *PARLIAMENT BUILDING, NEW DELHI, originally built by the British for the Viceroy, now Independent India's Government Seat.*

7. *KUTAB MINAR, Tower of Victory, 12th century, Muslim monument.*



PUNI

Our Next Door Neighbor

Sr. M. Charles, B. S. N.

"WE ARE very sorry but you will have to move. Your home is on our property where the hospital is to be built and the Acquisition rules require that you must move." The lady looked at Sr. M. Clare with indignation and surprise with a big brown face peering out from behind a red veil. To think that after living three years in these nice straw huts on the edge of the road, now they must move. They liked it there under the trees, and the well close by was very handy. They say women don't have much to say in India but Puni had plenty to say here, and the men of the household had sent her to say it. Both were adamant! Sister said they must go and the lady said no, so they parted with no decisions made.

The clump of five huts stayed on the land until a fence was put up a few weeks later demarcating our property and then something had to be done. Very quietly one day, the houses disappeared and just as quietly reappeared on the other side of the road!! They had picked up everything including the straw barricades; mud fireplace or "Chula" as they call it; a few cooking pots; rice winnower; a small trunk containing their few clothes and their daily wash drying on the bushes in colorful style. Not a word did we hear from them and the irate Puni was as peaceful as a dove.

A few months later Puni heard via the grapevine that the big hospital had a doctor who was doing operations. She had brought her children to the dispensary often with the usual chickenpox, colds, sore eyes and pneumonia but she

knew the time was not ripe for her own plans. Now was the moment and Puni came to see the doctor for her own complaints. She explained to doctor that for the past four years she had trouble with her throat. She couldn't speak loudly at all and swallowing was difficult. Besides she was always nervous and tired so quickly. It didn't take doctor long to detect her sickness. She had an enlarged thyroid which actually pushed her esophagus to one side. "This is serious and you will need an operation," the doctor explained in a manner not to frighten her. "I know that, Doctor, but I wanted to wait till the hospital was ready and then I would be the Sisters' first patient."

Sr. M. Felicitas asked her if she would be admitted that very day but she said only if she could leave for about two hours the next day and then come back. "No," said Sister, "You must not leave if you are admitted now." But Puni, as usual, knew her own mind. "Then I'll have to come another day!" "But why, Puni? Why should you have to leave the hospital for two hours? Surely there are enough women in the house to take care of the children."

"No, I have business to attend to," argued Puni, "I have to go to court!" Once again Puni proved that she was the head of the house. She went to court and straightened out all of her business and came home satisfied.

Puni came to be admitted three days before the operation was scheduled and made herself at home. The ladies of the household and her husband came every day to keep her company. Finally the big day came and she was wheeled into the operating room on a stretcher — something she had never seen before. All went well and Puni slept peacefully while the doctor skillfully performed the operation. Meanwhile outside on the green grass, Puni's husband was on his knees with his head bent in deep supplication to God for Puni. Every day at certain times even after she was well out of danger, he could be seen lost in prayer.

The very first day, Puni declared that she was hungry and the liquid diet which had been ordered was very unsatisfactory. In two days she was eating rice, curry and chappattis despite the big bandage around her neck. She had a bit of the Old Nick about her, too. When the Sisters would come to see her or take care of her she would be just fine. But it so happened that we had a new class of nurses doing their practical work in the wards and they devoted a great deal of time to Puni. She acted as if she were entirely helpless then and even allowed them to feed her! She was a real Queen and enjoyed being waited upon.

It was a long wait before the hospital was open but Puni tells us that it was well worth it!

Puni expresses her thanks to Sr. M. Charles and Sr. M. Clare before leaving.

St. Mary's Hospital, Mussoorie, is just 165 miles above New Delhi. It is a hill station where people go to escape the burning heat.

from the MOUNTAINS *to* MUSSOORIE

Sr. M. Carol, R. N. and Mani.

Sr. M. Cyril, B. S. N.

That ever-smiling young neighbor of ours, the chaukidar (watchman) and gardener of the Maharani of Kalsi estate in Mussoorie made his appearance at St. Mary's Hospital this morning, as usual, with a bouquet of dahlias.

Always friendly, especially since he had become one of our regular customers for the N.C.W.C. powdered milk, he seemed exceptionally bright-eyed today. Eagerly he recounted that his wife had just come to Mussoorie with his relatives and when could she see the Sister doctor? It had been a long and tedious trip from their village 30 miles away — walking through steep and winding trails, up and down the foothills of the Himalayas, but it was worth it, if only she could have the Sister doctor take care of her when her baby came. "She has lost all her others," Chuni pleaded, "and she has come to St. Mary's because I told her this is a blessed hospital."

On hearing the history of three previous stillborns, and knowing that he was a tribesman, Sister insisted that Chuni bring his little wife Mani, as soon as possible to the hospital. There were some important examinations to be done before the doctor could promise to help her.

One of the customs of the original tribes in the Himalayas, near Mussoorie, is the practice of polandry, i.e., a woman married to one member of the household is thereby made a wife of *all* the brothers. As a consequence there is much sterility, and stillbirths. A newborn baby therefore is very precious, especially if it is a girl, and every care is taken to keep it alive.

One of the above tribes of Teri Gerhnahl, because of the custom, was on the verge of extinction when the Government of India with the

aid of WHO and UNICEF experts made an attempt to help. With proper scientific advice and care, babies *were* born normally to three women.

Shy little Mani appeared somewhat frightened at all the strange sights of a hospital, and only with the greatest insistence of her husband did she acquiesce to having her examinations and a blood test taken. Though Chuni also cringed as he saw the doctor draw the 5 cc. syringeful of blood from Mani's arm and felt perhaps we were almost taking her life away with *all* that, he had confidence enough in the doctor to realize it was for the best. He had heard of this *kunh ka janch* (blood test) that was done on many patients and had a fearful respect for this mysterious "rite" that could solve the question whether one had to be given a course of injections or not. The result came back positive, as was suspected and the little lady diligently came for her *suis* (needles) of penicillin and, of course, for the other necessary treatments.

As the eventful day was drawing near, Chuni was becoming more and more nervous and brought us bigger and bigger bouquets of flowers just to make sure we wouldn't let him down.

The eventful moment came and the admission took place on a stormy night at about 9 P.M. As I was on night duty I took them into the ward and was about to place Mani in an end bed. Chuni, with all his dignity, surprisingly requested that his wife be put into a middle one, where he had previously seen a memsahib (a European). He didn't want his wife to be relegated "to a corner."

At 5 A.M. the following day the baby was born, a perfectly normal little girl, perhaps a bit small but then the average birth weight is only five pounds. When Chuni, all excited, arrived around 7 A.M. to see his wife there was no use trying to tell him to come later. He had to see the baby with her. Sr. M. Carol had dressed the little "doll" in lovely woolies, baby clothes sent by her mother in the U. S. for the poor. This was an awaited favorite who had nothing in her own name. The lack of emotional gestures is characteristic of the Indian in general, but we could not miss the gleam in the eyes of Chuni and Mani. They were certainly happy and grateful. We made them understand how they should be grateful to God, Who alone in His goodness had brought them this happiness.

Within five days they insisted on leaving. Everything was going along fine. There was no holding them back. The bouquet was especially big this time and the salaams profound.

YOUR WILL . . .

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $. . . . . for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

THE GIFT OF WISDOM

Sr. M. Gerard

At the very root of Indian doctrine is the conception of God as spirit immanent. Hindus are searchers for the true Wisdom of God.

FOR the Hindu does not value science but WISDOM, not pieces of knowledge useful for all sorts of purposes, but the knowledge which is valuable in itself, knowledge of the meaning of life, of God, the soul and redeeming union in the eternal heart of Brahma."

These words of Father Otto Karrer, S.J., from his book, *Religions of Mankind* (Sheed & Ward, 1945), are a wonderful insight and commentary on the need of non-Christian peoples for the true wisdom of God, for that Wisdom which is none other than the third Person of the eternal Trinity — the Holy Spirit. For when men seek wisdom it is not some *thing* they seek, but *Someone,* a Person, God's Gift of Light and Love. It is He Who opens out the meaning of life to understandings darkened by original sin; it is He Who joins hearts in love with the eternal Heart of the Father:

"Pour love into our hearts,
Our senses touch with light . ."

If this is true of non-Christian religions in general, more especially is it true of Hinduism, the most ancient of the Oriental faiths. Long before Buddha, Confucius, or Mohammed had their followers, the Hindu faith was woven into the fabric of Indian life. Like the timeless rivers which flow across the great sub-continent, Hinduism flows in the bloodstream of the Indian people. It claims both the old and the new India for its heritage.

But the pattern of what we call Hinduism is not a simple one. On the contrary it is one of the most complex, embracing as it does every aspect in the life of its adherents. For the devout Hindu, religion could never be a "Sunday affair." It is intimately bound up with every moment of his day, every thought he thinks, every deed he does. All things, all events are manifestations of the "eternal heart of Brahma."

(*Continued on Page 93*)

. . . all in the day's work

monkeys

The Jumna river is just about a mile from us, so whenever we want to celebrate, we proceed to the holy river for a picnic. Well, we had just settled ourselves, had passed the food around and were watching some fishermen pull in a fish — this long! — when suddenly, quick as a flash, a monkey ran up from behind — grabbed our plastic dish full of potato salad — and bingo — was back up the tree in a split second. We were all so dumbfounded at first, that we hardly realized what had happened. Then we looked up, and there he sat, cozily perched on a tree limb, having a good meal for himself. We were really angry at first, but at last resigned ourselves to the loss of the potato salad. But then, we began to wonder if he'd be kind enough to return the dish. Time wore on, and nothing appeared, but after about 15 minutes — kerplunk— down came the dish — and right into the river — just beyond our reach! We were ready to race up that tree after him, but finally realized that after all, monkeys *do* have advantages, and this time, he was one up on the Medical Missionaries!

Sr. M. Clare, R.N., New Delhi, India

crows

We had a terrible time with crows here. We finally managed to get the skylights in the kitchen and dining rooms closed (screened). Thus, once the crows got into the kitchen there was no escaping. One day we caught *ten, only,* and we cooked some of them. They tasted quite good. It will surely help our meat bill — but then, alas, they left us!

Sr. M. Stephanie, R.N., Thuruthipuram, South India

pigs

The word for "pig" and "fever" are almost the same in Malayalam with only a slight difference in the pronunciation — I am never sure whether I am asking the patient about his "temperature" or his "pig."

Sr. M. Anastasia, R.N., Changanacherry, S. India

snakes

Nurses here are the same as nurses at home — always looking for an excuse to have extra time off. A few nights ago Philomena said, "Sister, aren't you going to give me a half day tomorrow?" "A half day!" I replied in surprise, "but haven't you already had your half day this week?" "Yes, but I thought you might want to give me another as a reward for killing the snake that might have bitten you." My only response was a hearty laugh for she certainly had grounds for her request.

Darkness was just setting in as I asked three of the nurses to attend to some duties out on the veranda. Shortly thereafter bedlam reigned and I, of course, investigated the commotion. I arrived just in time to see Philomena stone a snake. Several others had made an attempt but it was Philomena's stone that did the trick. The killing took place in the middle of the path I was soon to take home — hence her reasoning — she saved me from being bitten.

Sr. M. de Montfort, R. N., Berekum, Africa

solemn high

Sr. M. Barbara, M.D. was doing a Cesarean operation some time ago. Sisters M. Scholastica, M.D. and M. Rupert, M.D. (who just happened to be here) assisted, while I was at the anesthesia end. When the patient said: "Sister Doctor," four of us looked up. Imagine her surprise. 'Twas a solemn high operation we said.

Sr. M. Frederic, M.D. Mandar, India

LEAGUE OF GRATITUDE

Three-fold Purpose: to thank God for the priceless gift of FAITH
to help bring that gift to those in mission lands
to share in all the works, prayers and sacrifices
of the Medical Mission Sisters throughout the world.

. . . . . .

Dear Mother Dengel,

I want to become a member of your LEAGUE OF GRATITUDE. As long as I can I will send one dollar or more a month.* Please send me a monthly reminder.

Name . . . . . .

Street . . . . . .

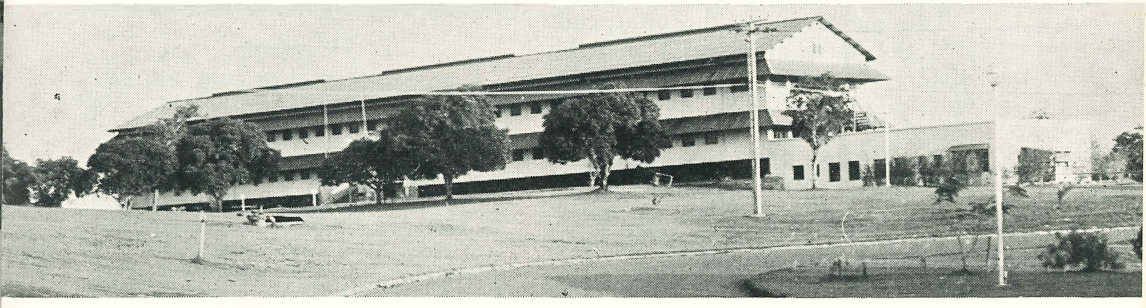
City . . . . . Zone . . . . State . . . . . .

(*May be changed or discontinued at any time.)

MEDICAL MISSION NEWS PICTURES

Sr. M. John, M.T., packs her microscope again. After 7 years in India, she left for Kokofu, the new Leprosarium, in Africa, with Sr. M. Therese, R.N., on March 22nd.

Hospital Sagrada Familia, Caripito, Venezuela, (owned by Creole Pet. Co.) opened in Jan. 1956, by Medical Mission Sisters. Sr. M. Stephen, R.N. Administrator. Sr. M. Stephen is from Lebanon, N. H.



Sr. M. Christine, M. D., receives a big welcome from the Sisters at Holy Family Hospital, Bombay, India. Her next stop was Changanacherry—to stay.

A HOSPITAL IS BORN

disputes with village farmers. No public utility, no service, no item is taken for granted.

Many days brought disappointments to the Sisters. Supplies they counted upon were not delivered on time, the machine needed to make terrazzo squares for the floors failed to come, hospital equipment shipped from America was held up at the docks, construction company officials argued and dissolved their partnership, workers got malaria and thieves broke into the Sisters' quarters.

There were "red letter days" also and the Delhi pioneers remember when more than a thousand persons came to the building site and Dr. Radhakrishnan, the vice-president of India presided at a Dedication Stone ceremony, when Madame Vijaya Lakshmi Pandit and other distinguished ladies participated in a tree planting ceremony, and most especially when additional Sisters arrived.

The memories of hospital construction days are shared alike by Sisters, workers and the men, women and children of the surrounding villages . . . the neighbors. Because they are poor, sick and simple little people, the villagers found it difficult to understand why they could not be cared for in what they considered a big and beautiful building. That it was an unfinished structure, a hospital without beds and equipment did not matter to them. So in between supervisory and clerical duties, the Sisters treated sore eyes and cuts and bruises and soon found it necessary to operate a regular dispensary for a few hours each day.

Unless one has lived in areas where hospitals and health workers are too few to cope with disease, the importance of an additional hospital, the value of one more training school can hardly be realized. Medical Mission Sisters are aware of the need, they know what it means to open a hospital, to receive the sick who have waited, to share their sorrow, to help relieve their suffering, to counsel and cure. The vision of the great good that can be accomplished at the heart of Asia's leading nation by a well-equipped Catholic mission hospital, operated by a competent and devoted staff . . . this is the motivating force which makes the tribulations of mission building bearable.

A red standstone plaque is cemented into the wall beside the front entrance of Holy Family Hospital, New Delhi. "Dedicated to the greater glory of God and the cause of suffering humanity" . . . these are the words engraved upon it. This is the hope which surmounts all obstacles. This is the pledge of our apostolate, the reason why we build hospitals.

PLEASE PRAY FOR OUR RECENTLY DECEASED BENEFACTORS AND FRIENDS:

Rt. Rev. Msgr. Richard T. Crean, Trenton, N. J.
Rev. Francis Sampon, East Troy, Wis.
Sr. M. Celesta of the Sacred Heart of Jesus, F.SS.S., Cleveland, Ohio
Miss Antoinette Becker, Brooklyn, N. Y.
Mrs. Elizabeth Browne, Lauvelton, N. Y.
Mr. Wm. Buckley, Bellaire, N. Y.
Mr. George Callahan, Everett, Mass.
Mrs. Mary Cargen, Phila., Pa.
Mrs. Wm. Connor, Phila., Pa.
Mr. Albert Crouch, New Brunswick, N. J.
Mr. John A. Goodwin Montgomeryville, Pa.
Mrs. Walter Jobson, Louisville, Ky. (Mother of Sr. M. Christine, S.C.M.M.)
Mrs. Mary J. Knowles, Hoboken, N. J.
Mrs. Eliz. Noonan, St. Albans, N. Y.
Mr. Henry Rademacher, Detroit, Mich.
Mr. John P. Rieger, St. Albans, N. Y.
Mrs. Margaret Skorez, Champaign, Ill.

Sr. M. Charles (Dubuque, Iowa) can weather any situation.

Sr. M. Clare, M. S., H. A.

MEET Sr. M. Charles

SR. M. CHARLES now fully qualifies for the title, "Pioneer." Having come to Delhi in Septemtember, 1954, she has weathered the late summer monsoons (when she had to trek to the village church through four inches of mud), the biting cold of winter's December and January (in a heatless hospital), the blasting sand storms of May and June with the ceaseless "loo" (wind), and the general unluxurious living conditions of the construction period! Having learned to wash the dishes while balancing an umbrella on her shoulder (roof was leaking) she says she feels she can now "weather" any situation.

Although a graduate nurse with a B.S. in Nursing, Sr. M. Charles has learned to put her hand to many a job since coming to Delhi — and does it with a smile.

When the big move came (i.e., leaving the three-room corner the Sisters had lived in) and all the departments had to be shifted into their proper setting, Sr. M. Charles was assigned to set up the kitchen. As this is no small department in such a large institution, it presented a challenge. However, before long, the stove was installed, the Frig was 'running', and the boys (cooks and 'mates') were working as if they had been here all their lives.

One morning at Mass time, a surprise overtook the Sisters. Instead of the usual parish priest, who should turn up for Mass but the Archbishop himself! "Short of priests," he explained. This meant serving breakfast on the extra special dishes, and what's more, producing the meal in double quick time, because the Archbishop is always in a hurry. On a last-minute check, someone asked Sr. M. Charles if everything was ready. "Yes" said she, picking up the very beautifully arranged tray, "but I'm shakin' like a leaf!" However, since then, so many Bishops and Archbishops have visited that Sister faces them all with a smile.

After the kitchen was organized and running smoothly, Sr. M. Charles handed over to a lay manager, and moved on to the Outpatient Department to start setting up the Clinics.

(Continued on Page 93)

Report to a Nation

Amrit Kaur

Progress in health under the Five-Year Plan. Radio Broadcast by the Health Minister in India.

"'Every child born today has an expectation of life longer by five years than a child born only ten years ago."

We just have not got positive data which could serve for measuring and comparing the state of health of the Nation. Nevertheless, the general and infantile mortality rates in any community or group of people, while they are not true indices of the state of health of the members of that community or group, do serve as a ready means for assessing the general level of health as well as for judging the progress made.

As seen from this angle, the progress made during the eight years 1946 to 1954 cannot be considered unsatisfactory, as you will be able to judge from the following:

Mortality rate

1946	1954
21.8 per 1,000	13.4 per 1,000

Infantile mortality rate

158.0 116 (1952) per 1,000

Expectation of life

27 years	32 years

There is a recession in the toll of life which infectious diseases used to take; the scourges of plague, smallpox and cholera are under check and malaria has ceased to kill as it used to do.

A national malaria campaign intended to cover the entire population of 200 millions affected by malaria has been steadily in progress during the past two years and about 75 millions have already been brought within the scope of the malaria control programs.

Similarly, campaigns on a national basis are being organized against filariasis and leprosy while an environmental hygiene program, starting with the provision of protected water supplies, is also making progress.

The facilities for the training of health workers have been expanded. At the time when our country gained independence the number of medical colleges in the Indian Union was 16: today it is 34.

Eight years ago the total annual admissions to medical colleges amounted to about 1,800 students. The figure today is 3,000.

Between 1948 and 1954 the annual output of nurses was raised from 1,000 to 1,650; of midwives from 760 to 1,750; and of health visitors from 39 to 76.

The number of hospital beds has risen from 80,000 in 1947 to 125,000 in 1955.

Nearly 20,000 beds are available today for cases of tuberculosis against 5,000 in 1947.

AT THE CROSSROADS

ments. He was working at a brick factory near the hospital but his family lived in Jaipur. After a few weeks he was back to us with more complaints. He now had hepatitis. We told him if he wanted to go home he would have to stay in bed.

After another week went by, and we had not heard from him, the Sisters went to see him. They found him out making bricks! "Why didn't you stay in bed?" asked Sr. M. Charles. "Sister Sahib" he said, "if I don't work, I don't eat and my family won't either. And besides I have no one to take care of me, if I stay in bed." Then he added, "I'm not working very hard anyway," and all the men, women and children who had gathered round, laughed.

But a week later his friends came to say that Nawab was very ill and when they brought him in, carrying him on his string bed, it was evident that his case was serious. Poor Nawab is back in the hospital again, but this time we doubt if he will be able to recover, but at least he has someone to care for him.

Delhi has been called the Crossroad of the East. In this strategic city, it falls to our happy lot to bring to the minds and hearts of many the Compassion of Christ.

GIFT OF WISDOM

Still we can detect one thread running throughout the pattern, constant and unchanging. It is the golden thread of "search" . . . search for life's meaning, search for union with God, search for the wisdom which will effect that union. The philosophical systems, the literary masterpieces, the theology of this ancient faith — all reach out for that "knowledge which is v a l u a b l e in itself," (though they do not realize it) that Wisdom which is God Himself, as Gift to man.

When the Christian world celebrates the great feast of Pentecost in its annual liturgical cycle, begging God to send His Gift of Wisdom into the hearts of His faithful, we ought to remember these "searchers" for that Gift. Indeed, the whole world, knowingly or unknowingly, is seeking that "redeeming union" of love which it is the specific mission of the Holy Spirit to accomplish in the hearts of men. How fervently, then, ought we to make the prayer of the Introit for Pentecost Sunday a missionary prayer for all those who desire in all sincerity to find that Gift of Wisdom: that God's Holy Spirit will fill the whole world and that all men will have knowledge of His voice.

MEET SR. M. CHARLES

With all this experience of having handled so many departments, people ask Sr. M. Charles, "Where did you learn to do all these things?" She looks at them as if to say, "Man proposes and God disposes." She certainly didn't choose all these odd jobs herself, but it was a matter of sink or swim in opening the new hospital. Missionaries are forever swimming in water way beyond their heads, but God always takes care of them in the end. To say that it makes for a well-rounded personality is putting it mildly. Among other things, it makes one so aware of the other fellow's problems, and gives one a vast store of tolerance. This, along with an extra large dose of patience, makes one truly "well qualified".

MEDICAL

Anti-Tubecrulosis Campaign in India. Under the First Five-Year Plan, India determined to wipe out the scourge of Tuberculosis with the aid of WHO and UNICEF. Despite many obstacles of climate, monsoons, illiteracy and fear of vaccination — in five years, 56,000,000 were given the BCG testing and 18,000,000 were vaccinated as a result of the testing. Local leaders were trained by WHO to form local vaccination units. UNICEF helped with mass radiography.

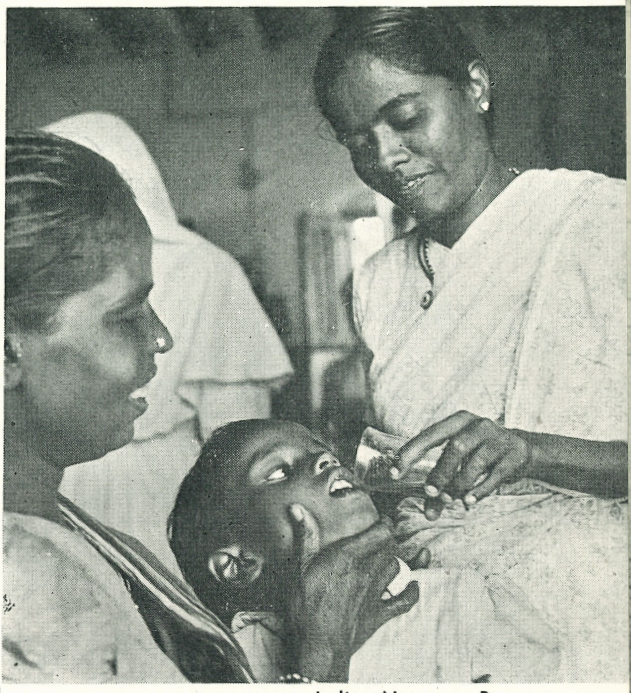
Self-Health is Best

Health cannot simply be given to people. It demands their participation. Health workers, leaders from the people must be trained to teach people to help themselves. They know the language and customs; how they best can be approached and helped to better their conditions. No outside organization can ever provide the medical personnel needed for the underdeveloped areas of the world. That is why the training of indigenous doctors and nurses is an important part of all medical mission work.

MISSION WORLD

"HE WHO HAS
THE GOODS OF THIS WORLD
AND SEES HIS BROTHER
IN NEED....
HOW DOES THE LOVE OF
GOD ABIDE IN HIM?"

(I St. John, 3, 17-18)



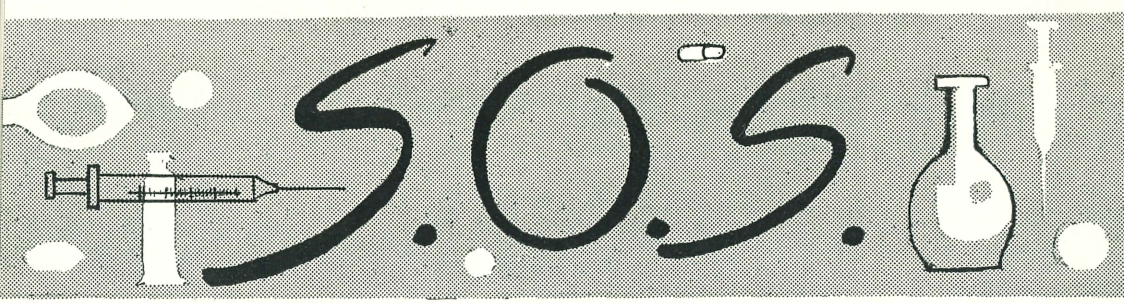
Indian Nurse — Poona.

African Health
Worker — Liberia

Share the Benefits of Health

The great contrast in the world between wealth and poverty is intolerable to the Christian conscience. Health too, is wealth. People are sick because they are poor and poor because they are sick. Health enables people to raise their standard of living and to aim for higher and better things in life.

The Christian must share with his brothers (all over the world) all that he has — his material wealth and the wealth of his mind — knowledge and skill. He must be willing to teach others how to overcome their misery and disease.



Adhesive

For our mission dispensaries.
Large roll $3.30

Bandages

Roller gauze bandage (3 in.)
1 gross $36.00

Candles

For the hospital chapel in Thuruthipuram. 1 year supply $30.00

For Our Doctors

Forceps ..... $4.00 ea.
12 doz. Surgeon's Needles for the Sister doctor in Pindi .... $1.50 per doz.
1 doz. 2 cc. syringes for Bharananganam (Just try to pronounce it).
Instrument table for Dacca $22.00

Hospital Supplies

100 yds. rubber sheeting for the Mandar Holy Family Hospital .... yd. $1.49
Face Masks ..... 1 ct. $8.50
Infant baby scale for Mymensingh— $10.00
1 doz. food plate covers for Dacca hospital ..... $3.50 ea.
Hot water bottles and ice caps for New Delhi ..... 1 doz. $19.80
Kodarma needs a small instrument sterilizer $5.00

Pharmacy Supplies

Karachi hospital needs 1 drum Dextrose reagent $12.00
12 folin blood sugar tubes $8.53
2 conical graduates for the New Delhi pharmacy ..... 32 oz. $6.32
8 oz. $3.05
Glass mortar & pestle 1.60
1 doz. Pipettes for Berekum 14.40
1 doz. dropping bottles $5.00

Professional Books

Professional books on Hansen's Disease (Leprosy) for Kokofu $30.00

Slides

A set on the Holy Mass for Catholic nurses in Pindi.

Thermometers

For the new Techiman mission
2 doz. $12.00

Vestments

1 set unlined white ones needed for Patna mission $30.00
White Humeral veil for Benediction for New Delhi $10.00

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Sisters:

Here are $ ..... for your mission Hospital needs.

Name .....

Address .....

City ..... Zone .... State .....

"Mother of India" — Angela Trindade, Bombay

Mrs. Edward Froehlich
339 Southmont Blvd.
Johnstown, Pa.

Concerted Action!

Yes, we have plenty of room outside, where chickens and cows roam, but what we need is more room inside. Our Motherhouse and Novitiate are crowded.

We know we need to build, but this takes CONCERTED ACTION. We can't begin, or do anything, without our friends and benefactors working along with us.

Please DO help us provide for our growing family here at the Motherhouse. We count on your help.

Gratefully yours in Christ,

MOTHER ANNA DENGEL, M. D.

MEDICAL MISSION SISTERS, PHILADELPHIA 11, PA.

Dear Mother Dengel:

I want to be a builder with you in your work. Here is $ ..... towards that end.

Name .....

Address .....

City ..... Zone ..... State .....